



A PRESENT-DAY CONCEPTION
OF
MENTAL DISORDERS

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A PRESENT-DAY CONCEPTION
OF MENTAL DISORDERS

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PRESENTING the substance of some of the public lectures delivered at the Medical School of Harvard University, this series aims to provide in easily accessible form modern and authoritative information on medical subjects of general importance. The following committee, composed of members of the Faculty of Medicine, has editorial supervision of the volumes published:

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**A PRESENT-DAY CONCEPTION
OF MENTAL DISORDERS**

A PRESENT-DAY CONCEPTION OF MENTAL DISORDERS

THIS lecture proposes to deal with human nature working under difficulties, and to choose one small portion of that broad problem. I should like to interest you in some facts rather than in words, in a sample of the real stuff of human life rather than in the traditional and threadbare phrases with which we too often disguise the actual world, giving ourselves a pleasing illusion of knowledge. I ask you, therefore, to consider our topic to be not "mental disorders," but men, women, and children in difficulty, suffering, hoping, thwarted, groping.

The very word "mental" tends to arouse a vague feeling of mystery; we seem to leave the solid ground of actual scientific observation, and to float into

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an atmosphere in which disembodied spirits and Greek terms play important rôles.

To avoid this uncanny word mental, many of our patients are said to suffer from "nervous" disorders. The term nervous is much more palatable; nerves are tangible and visible structures, a nervous breakdown is respectable, a nervous relative can be talked about. A mental attack is tabu, not to be talked about at any cost, even at the cost of postponing indefinitely the only treatment which will help the patient. It is well to face facts, and to recognize that so-called nervous patients are as a rule suffering from mental disorders, and that the substitution of nervous for mental is due to a vague fear of the mental, inherited from mediæval and earlier modes of thought.

It may be well to make a few remarks on the term "disorder." Many people

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are suffering from a mental disorder, who in the current estimate of their friends are considered only as eccentric, model, disagreeable, extreme, wicked, virtuous, emancipated, etc. The same situation is met in regard to other disorders. A gentleman in an omnibus, who happened to be a physician, was very indignant when another gentleman, a stranger to him, asked him, "How long have you been suffering from this disorder?" He denied that he was suffering from any disorder; he did not know that a slight change in his physical appearance, which the other occupant of the omnibus had noticed, was the early expression of a disorder (acromegaly), due to an insidious change in one of his glands. So most of us would feel indignant if, when the contemplation of some personal characteristic was giving us much satisfaction, some stranger with insight were to ask us, "How long have you suffered from this disorder?" This indigna-

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tion, however, might well yield place to thought, and we might begin to consider the real roots of our own behavior — even of that which seemed most praiseworthy.¹ In this way many questions might arise.

Is it possible that our intense devotion to a philanthropic cause may in some instances be a disorder, rather than an indication of a healthy moral superiority? Is it possible that suspicion of employers and accusations of social injustice may be a disorder, and not the expression of an enlightened and impersonal grasp of economic and social relations? Can raucous patriotism and so-called pacifism be scrutinized in the same way? Is

¹ In *Erewhon* it is a sign of ill-breeding to ask an acquaintance about his recent cold or headache or indigestion. "They salute each other with, 'I hope you are good this morning'; or 'I hope you have recovered from the snappishness from which you were suffering when I last saw you'; and if the person saluted has not been good, or is still snappish, he says so at once and is condoled with accordingly."

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anti-vivisectionism not altogether to be explained by a surplus of the milk of human kindness in those who level virulent and ill-founded accusations at men, working earnestly in the interests even of those who revile them? Is intense intellectual activity, in apparent devotion to the pursuit of abstract truth, sometimes the expression of a disorder, rather than the wholesome activity of a well-balanced personality? Can the blameless and model individual, following smugly in the parental footsteps, be the victim of a disorder consisting essentially in the repression of the most productive elements in the individual's nature? Can the emancipated and unconventional individual, who is expressing his personality to the amazement of his social circle, be the victim of illusion and be really in the throes of a mild mental disorder? Is it possible that many of our beliefs, attitudes, emotions, habits, standards, are not as valid as we have assumed

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them to be, but are of the same stuff of which mental disorder is made?

In referring to a reaction as a mental disorder we do not necessarily mean that the condition is severe or serious. Mental disorders may be mild, just as physical disorders may be; mental indigestion may be of as many degrees as physical indigestion, and an emotional disturbance may be as mild as an attack of chicken-pox. The efficiency of many a man is increased when he happens to become aware that certain familiar feelings indicate some underlying physical disorder (for example, eye-strain, infected teeth, improper diet), and when he deals with that situation in a proper manner; so it is in regard to the situation underlying many personal and domestic problems, so familiar that we have lost our curiosity about them, but the recognition and treatment of which may lead to increased efficiency and happiness.

It is well here to meet a possible mis-

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conception of the above remarks, and to state explicitly and emphatically that it is not meant to imply that in all persons and in every degree, philanthropic activity, love of justice, consideration for animals, love of country and of peace, devotion to truth, and model conduct are to be considered mental disorders. Mental disorder, however, may masquerade under many disguises, and human nature in difficulties may resort to many subtle evasions and modes of defense; we are so much under the spell of old-fashioned conceptions of human behavior that the real driving forces of the personality escape us, while we label behavior with the conventional ethical or social terms.

It is easy to understand that such familiar traits and behavior as those instanced above should escape scrutiny, but it is astonishing to notice that individuals, who keep careful watch on their own blood-pressure, on their weight, on their digestive apparatus, may have

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little interest in their own odd twists of character, their inequality of temper, their unreasonable and obscure behavior, the unnatural domestic situations which are partly the product of their own personality. The father of a family may consult regularly his family physician to make sure that his blood-pressure is in good order, but does not mention to the physician that for years he has not been on speaking terms with his son, who lives in the same house with him. Many an individual will take quite a technical interest in his grumbling appendix, and wish to know the history of this structure, but be singularly indifferent to serious inequalities of temper, the study of which might disclose some grumbling grievance, the ventilation of which might be of great benefit to his efficiency and to his happiness. The scrupulous housewife, whose love of order is carried to such a degree that the easy-going can find no peace in her house, is content

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with her activity and seldom thinks of tracing it to its source.

Children receive much attention as to their teeth, their tonsils, their sense-organs, their nutrition, but it is less common to find intelligent interest shown in their habits, and in their mode of adaptation to the major issues of life. Many of the problems presented by children are not to be solved by attention to nutrition and to freedom from infection, but have their roots in complex emotional and personal factors. Thus the night-terrors of childhood can sometimes be definitely traced to conditions of emotional tension of very definite origin; they are mental disorders. Such a term need not alarm the mother; it does not mean that there is anything specially serious in the familiar phenomenon. The frank recognition by the parent of the important rôle played in the child's life by emotional and imaginative forces, and of the "mental" nature of many familiar disorders,

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would be of benefit to both child and mother. In the lives of many children painful feelings of inferiority, repressed fears and other forms of distress play an unnecessarily large rôle, merely because there is so little frank recognition of the simple facts of the evolution of the child's personality.

So far we have been using the term disorder in a very wide sense; we have not even been dealing with patients, but with people who would feel very much hurt by the suggestion that they might benefit by treatment.

We now come to a group of patients, of people who recognize that they are sick, and come to the physician for treatment; they admit that they have a disorder, but they are perhaps indignant at the suggestion that their trouble is mental. Their *symptoms* may have nothing mental about them, but may be the ordinary symptoms of respectable ailments; they

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come for their headache or dizziness or weakness, or they have palpitation or fainting attacks, or their digestive system is a source of much interest and annoyance, or they have indications that some of the other internal organs are out of gear. Yet these apparently simple symptoms may be of complex origin; they may be the outcroppings above the surface of important emotional reactions, only to be understood in the setting of these reactions.

Palpitation does not necessarily mean that the heart is not sound; it may mean that emotions are strongly stirred. Fainting may have similar significance and may bring welcome attention. Vomiting need not be due to indiscretion of diet nor to local irritation; it may be an expression of a deeply felt disgust. Headache may be caused by various organic conditions, but it may also develop when one has a disagreeable task to face or an embarrassing situation to di-

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gest. However the symptoms arise, they are apt to be woven into the life of the patient; they bring interest and affection and immunity from responsibility; they furnish a most potent weapon with which to dominate a whole group. To many, chronic invalidism is a most important aid in adapting themselves to the difficulties of life, and any attempt to remove the invalidism meets with sturdy if concealed antagonism. These are disorders of personal adaptation, masquerading as physical ailments.

In times of peace, when no great catastrophe has precipitated the symptoms, mental disorders of this type have been dealt with in a rather shabby way by the medical profession, and the tendency has been to adopt a slightly superior attitude toward the patient, paying comparatively little attention to the real inwardness of the situation and the actual life-problem which the patient had to face. Under the stress and strain of

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war, even men of excellent personality reached the limit of their endurance, and then developed symptoms which were apparently due to physical ailments, but in reality were caused by emotional conflicts. The underlying factor that brought on these symptoms, which were of endless variety, was the instinctive shrinking of the man from a situation which, in his condition at the time, was beyond his power to face. Mental disorders of this type have essentially the same mechanism in peace and in war, but the conflict lies in somewhat different fields of instinct.

With nervous invalids of this type one may also group patients who come for help because of morbid fears or tricks of thought or action which distress and embarrass them; for example, patients suffering from morbid shyness, or fear of germs or of open spaces or of closed spaces or of crowds; or from fear of throwing one's self from a window or of

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harming one's child or of uttering some scandalous phrases.

Conditions such as the above, with physical symptoms or special fears or tricks of thought, are properly referred to as mental disorders. They are minor mental disorders, which do not seriously transform the personality of the patient, though they may cripple the patient's life to a very serious degree.

From them one may pass to the well-recognized mental disorders, where there is nothing equivocal about the use of the terms. Here we have to deal with conditions where the total personality is profoundly altered, where the adaptation of the patient to the ordinary demands of life may be so inadequate that social life is impossible, and where the disturbance of the patient's conduct may be so profound that the patient cannot be cared for in a general hospital, but must be looked after in a special hos-

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pital with facilities specially adapted for his needs.

We have now reviewed the sort of material which is before us when we try to frame a general conception of mental disorders. It is a motley group. It includes respectable bankers peevish with their wives; scrupulous housewives with immaculate and uncomfortable homes; children with night-terrors and all sorts of wayward reactions; earnest reformers, intellectuals, æsthetes; delicate and refined invalids, evasive and tyrannical, with manifold symptoms and transitory dramatic episodes; patients delirious with fever, or reduced by a great variety of organic diseases; patients frozen with melancholy or indulging in an orgy of exuberant activity; patients living in a fantastic world with morbid visions and communications and uncanny influences, in whose universe one sees no coherence or logical structure; patients keenly

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logical and argumentative, embittered, and seeing around them a hostile world with which they refuse to compromise.

Now how can we bring order into this chaos, how can we find a path through this jungle? The answer is very simple. We have merely to discard our mediæval attitude toward these sick or handicapped people, and to study the problem which they present as a problem of human nature working under difficulties. We have to study the disordered behavior of the total organism in the same way in which we study the disordered behavior of a single organ, such as the heart.

In studying the behavior of the heart we observe its action, not only as the patient lies in bed, but also in its response to the demands made upon it on exercise. We review the history of the heart, note whether there has been some original fault in its equipment, and study the experiences through which it has passed,

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such as episodes of undue physical strain or exposure to the poisons of infectious disease; we study the other systems of the body, to see if they are exerting a detrimental influence on the action of the heart.

With these data before us we are able to judge the nature and severity of the actual disorder of the heart, and to outline treatment either by directly regulating its function or by clearly formulating the conditions and the restrictions within which it may best carry on its work.

One must admit that to take the same attitude toward the behavior of the whole organism is not easy for us. We do not, in everyday life, consider the behavior of our fellows as fully determined and as the inevitable result of certain component forces. In our own personal experience we have a feeling that our behavior is never completely determined by preceding factors and by impersonal

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stimuli. We feel at any moment that we are mysteriously free to make a choice between alternatives; and on that freedom of choice, which seems to be an immediate datum in the world of our personal experience, we personally lay much stress. Our unsophisticated philosophy of life sees a similar principle at work in our fellow man, and we look upon his actions as to a certain extent arbitrary, or determined by that inner principle on which the whole doctrine of ethics hinges. With regard to the heart, too, we might indulge in philosophical speculation as to the inner principle which regulates its rhythm throughout life. Medicine, however, does not deal with ultimates; it has nothing to do with the philosophical problem of the nature of life; and so with regard to our peevish bankers, our hysterical invalids, our patients with their delusions, we provisionally leave aside the philosophical problems of the destiny of man and con-

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tent ourselves with trying to trace the laws which govern the sequence of the phenomena observed. We come back, therefore, to the analysis of the behavior of those people we have referred to.

The behavior of an individual is carried on by the activity of the nervous system. The central nervous system, the brain and spinal cord, receives incoming messages from the outer world and from the various stations inside the body. It elaborates and transforms these stimuli so that impulses pass out through the motor nerves, which bring about either changes in the internal organs or in the muscles of expression or in those which change the position of the body in regard to the environment.

The detailed mechanism of the changes which are involved in the simplest response to a situation is infinitely complicated. It is open to endless modification under the influence of environmental forces; the child smiles at the sight of

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his meal, the woman greets her rival with a smile.

The first step in the case of a problem of behavior or personality is to make a thorough study of the central nervous system and of all the factors which might throw it out of gear, such as diseases of any of the systems of the body, disorders of nutrition (e. g., pellagra), infectious diseases of acute or chronic type (e. g., typhoid fever, pneumonia), poisoning, chronic or acute (e. g., by lead, alcohol, morphine), changes in the glandular regulation of the body (e. g., in the thyroid, pituitary, reproductive glands).

This in itself means a complicated study of the individual; but it is not enough. Behavior cannot altogether be explained in terms of structural or toxic changes in the central nervous system. One has also to consider the existence of certain highly organized arrangements which form part of the equipment of the individual.

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The behavior of the lower animals is to a large extent dominated by its equipment with reflex mechanisms and instincts, by virtue of which it is able to carry out highly adapted and useful activities. In some animals, — for example, in the insects, — the pattern of reaction is very stereotyped and modification by experience is rather limited. In the higher animals reactions are not so stereotyped, but are more open to modification by experience. A hungry dog tends to salivate when it sees meat; one can, by striking a musical note each time that the meat is produced, after a number of experiences so modify the animal that the musical note elicits salivation. Thus the animal comes to react to the musical note as if it were really a food stimulus. It behaves to one topic as if it were another of a different kind, and this on no other ground than because the two stimuli have been so frequently associated together. A horse

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frightened by some casual stimulus at a certain place may for some time react to that place as if it were dangerous.

In the congenital equipment of each one of us, as in the animal, there are certain fundamental patterns of reaction derived from the long history of the race. The infant shows anger when thwarted, fear at sudden sounds or withdrawal of support, and reactions of pleasure when caressed. The experiences of life soon complicate the original pattern, so that many thinkers have held erroneously that man had no instincts but was a creature of intelligence.

A child who does not react with any obvious emotion to animals, and shows no instinctive tendency to be afraid of them, can come to react in a very timid way to all animals, owing to certain experiences it has had. It may behave to various quite innocuous animals as if they were really dangerous, because of the association of the appearance of

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the animal with some startling stimulus, such as a loud sound or the frightened reaction of the mother or nurse. Once this reaction has been established, it may remain the habitual mode of reaction of the child and adult. The adult may behave to some things as if they were dangerous, and to others as if they were intrinsically desirable, not realizing to how large an extent the fears, the likes and the dislikes of the adult personality are merely the continuation of emotional reactions and associations of the childhood period. We are so accustomed to take our personal outlook and values, our likes and dislikes, as self-explanatory, that we seldom subject them to scrutiny; and thus, while priding ourselves upon intellectual emancipation, we may really remain in bondage to the fears of childhood.

The instinctive forces, although often working below the level of consciousness, are profoundly important factors in hu-

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man behavior. In relation to many cases of so-called nervous disorder it is at this level that we find an explanation of the trouble. Paralysis may be due to fear, palpitation may be caused by love, and indigestion may be due to anger. The paralyzing fear, the disturbing anger, and the love may not be clearly conscious, and they may have been elicited, not by an appropriate situation, but by one which, merely through childhood associations, had gained undue importance.

In many of our cases, therefore, where the mental disorder is not caused by crude damage to the brain or by the use of drugs, by infectious processes or nutritive disorders, we have to pass beyond such simple principles and take account of the emotional factors involved, and the life situation which has to be faced. We often find that our patients, in face of difficult actual situations or burdened with distressing memories, are in reality

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getting apparent peace of mind or extorting subtle benefits from the environment by their symptoms, by fainting, vomiting, paralysis, headache, dizziness, etc. Some patients in this group, in a transitory delirium or more protracted episode, give a breathing space to romantic desires, instead of being contented like the normal person with the vicarious satisfaction of these cravings, which comes from reading a romance or going to the theatre or talking scandal. Why do we talk and read scandal, and why does it have such important cash-value in modern journalism? If challenged on this topic, most of us would claim that we read and listen to scandalous chronicles of deeds of shame, because it is our duty to face frankly the facts of life; a few might, after thoughtful self-examination, admit with a sigh that the imaginative immersion in these deeds of others gives a certain satisfaction to latent cravings, which our surface culture

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has not eliminated. The principles of explanation above indicated throw much light on the problems of patients with morbid fears, or with strange recurrent thoughts or impulses.

When we come to those far-reaching disorders of the personality in which the patient suffers from profound melancholy, or gives way to exuberant excitement, or is dominated by sounds or voices of subjective origin, or sees the world banded against him in a strange web of persecution, the principles of explanation so far utilized seem to leave us in the lurch. Neither structural damage, nor chronic poisoning of the brain, nor simple disorder of the instincts explains these specifically human disorders. We are particularly baffled in face of those patients whose behavior is so erratic, whose beliefs are so fantastic, that we seem to see no glimmer of reason in the whole fabric. There may be no glimmer of rea-

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son, if by reason we mean purposeful, directed thought; but the condition may become more intelligible and the underlying forces may not be altogether elusive if we keep in mind the phases through which man in his evolution has passed.

A lad sits in the ward of a hospital, a picture of untidiness, holding a crust of bread in his hand. His behavior might suggest merely the loss of the normal sense of tidiness and propriety. When asked why he has the crust of bread in his hand, he mutters something about the "staff of life." When asked what thoughts preoccupy him, he refers to experiences of his youth which he bitterly regrets, and which his training has made him take too seriously. So the untidy crust of bread is more than an indication of poor manners or dilapidated conduct. It is the expression of the vague groping of human nature for some reconciliation between its warring elements, and it is

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the symbol of an attempted solution at a primitive level, where clear thought plays an inadequate rôle.

Clear, logical thought has not always been the dominating factor in human behavior; and even in the most intellectual and emancipated individual it exercises less complete control than is usually supposed. Beneath the level of our clear conscious adult thought are childhood attitudes and feelings, residuals from the earlier phases of our own personal development; and beneath that level are indications of the same modes of human thought, which led primitive man to his conception of the forces of nature, with animistic and magical interpretations. At a still deeper level are those fundamental tendencies of great biological value, which we have in common with the animals, the instincts. The animal has an instinctive curiosity, but in primitive man the horizon of this curiosity begins to be greatly enlarged; and as

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human nature has developed, the search for knowledge has come to recognize no limits. Man's restless mind goes back to the beginning of time and to the extremity of space. He is not content to trace sequences, to establish laws of nature; he has eaten of the fruit of the Tree of Knowledge; he has to give values to things; he is not content with the *what* and the *how* of the phenomena, he wishes to know the *why* of his experience. Not content merely to register impressions and to forecast phenomena, he is forced to place his limited personal experience, with all its problems, on the background of some cosmic scheme, which his imagination constructs in response to an inner need. In his constructions we see a dual function of the mind, a subjective and an objective aspect.

The mind may function as a mechanism of adaptation to reality, and by means of it the individual, receiving impressions from the environment, elabo-

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rates them, stores them up, foresees and prepares, and thus adapts himself better to reality than if each action were the impulsive result of a momentary stimulus. This is the human mind as conceived by the efficiency expert, regarding man as a human machine, part of a vast industrial and cosmic process devoid of meaning.

Thought can, however, function in a different way, in which subordination to reality is not the primary consideration, but rather the satisfaction of man's own inner needs or desires. Man is not merely an adaptive mechanism; he craves satisfaction and pleasure, sometimes at the cost of self-preservation. So the function of thought may be used for the satisfaction of the inner needs of the individual, and the individual may derive great pleasure from day-dreams and imaginations, which may have little value for adaptive purposes. This tendency to use the adaptive function of

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thought for purely personal satisfaction is a temptation not limited to any one human function. We see it at an early stage in regard to the fundamental function of nutrition. The infant has already at birth the necessary mechanism for sucking, and this reflex or instinctive activity is essential for the preservation of the individual. At the same time, the infant, already showing a great interest in pleasure as a by-product of mere existence, finds that it can utilize the sucking mechanism for purely personal purposes, and may become an ardent thumb-sucker. So with many other bodily functions which have their own definite rôle in the adaptation of the individual to reality; they tend to be used for personal pleasure. Even when the individual has outgrown this early tendency, traces of it have not altogether disappeared, and it is frequently capable of resuscitation. The child, who has outgrown the thumb-sucking habit, when disconsolate and

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tearful may be seen automatically to put his finger in his mouth.

In the early life of the child imagination plays a considerable rôle; "make-believe" is an attractive occupation; it requires little effort, and produces quick returns. Adaptation to reality or of reality is looked after by parents and nurses. Objective logical thought has as yet not become a necessity, and in the world of the child reality and fantasy are not forced into strict separation by the objective demands of the environment. Thus the world of the child is a much more colorful affair than unimaginative seniors realize. We leave childhood behind and fantasy becomes less vivid; we accept the standards of a scientific and industrial age, where efficiency has become a shibboleth and subjective tendencies are looked on with suspicion.

No matter how successful we think we are in cultivating logical directed

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thought, there always remains an under-current from an earlier source; there is an ever-present tendency to let thought drift along the path of our desires, to build castles in the air, to wipe out memories of unpleasant nature, to color in a flattering way those things with which we identify ourselves, our own person, our family circle, our school, our religion, our country. It sometimes comes as a shock to us to see how far our thought is from being unprejudiced and coldly logical, and to realize that beneath the academic culture of the adult there are, still active, childhood modes of thought, not to mention those which are on the same level as the animistic and magical beliefs of our primitive ancestors.

In our dreams, when the cultivated personality has retired from the scene, and the earlier and more primitive tendencies of the personality are allowed a little breathing space, the dramas that are played are of a crude and sometimes

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shocking nature. Dreams have no cash-value in reality. The official personality, on resuming control of the situation in the morning, good-humoredly dismisses the dream and sees nothing in it which is in any way related to himself. There seems to be as little connection between the dream and his personality, as to many a wealthy individual there seems to be between his exalted personality, and that of the illiterate miner digging the ore, from which he extracts his dividends.

It is not only in dream that these poor relations appear; even in his waking life the cultured individual includes in his behavior elements of very primitive origin, which he treats in the same very condescending and patronizing way. It amuses him in a way to patronize these poor relations, and he does not admit that he has any fear of their power. He turns his table at cards in order to turn his fortune; he says, "God bless

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you” when you sneeze, although he is not afraid of the fairies taking you off; he may whistle for a wind when becalmed, although he smiles at the very suggestion of magic; he touches wood, when he mentions his good fortune, and feels more comfortable for having done so; if he sits with a group of friends at a table-rapping séance, he may explain the phenomena in the same way as his primitive ancestor, but, thanks to modern science and industry, he feels reasonably secure, and not much impressed. A social group amuse themselves by dabbling in fortune-telling, whether by reading tea-leaves, by cards or inspection of palms; and they are occasionally a little surprised by the extent to which these mild social amusements stir their emotions. The dislike of marriages in May is not based on divorce statistics, but on much more remote traditions. Fortune-tellers thrive in Boston. To the ceremonial of our religion we respond be-

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cause it is appropriate to that deep level of the mental life, in which many of its details had their origin. Some have a more living representative of that primitive period within them than others, and under emotional tension will have experiences which are not open to the skeptic, who looks at matters in a cold detached way and keeps his primitive tendencies in strict bondage.

Primitive man, in face of dreams and images and death, in face of the mysteries of nature, the rising and setting sun, the storm, the stars, in face of diseases and injury and suffering, wove a crude philosophy of life in which analogy played a more important rôle than logical thought; and the simple myths of savages, taken up by poets and divines of later ages, have been woven into the structure of the thought of modern man. Engaged in utilitarian pursuits, accustomed to the modern methods of science, looking back rather contemptuously on

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the brutish conditions and material poverty of primitive man, we fail to recognize how much of the fibre of our thought is derived from him. When life is favorable and all goes well, indications of these underlying factors attract little but amused or contemptuous attention. It is otherwise when the individual finds himself in difficulty, grappling with the fundamental issues of human life.

To return to our topic of mental disorders, we find that there too, as in dreams, childhood and primitive elements break through the ordinary surface of thought and behavior. Sometimes these elements come to the surface because the higher functions are weakened by poisons or structural damage of the central nervous system; sometimes they seem to break through because the higher functions are inadequate to deal with the situation which life puts before the individual and, thwarted in the at-

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tempt at adaptation, he gives up the adult cultured attitude and relapses into earlier modes of thought and behavior, as the disconsolate child may resume the long-discarded thumb-sucking. Situations cannot be faced, memories cannot be longer borne, feelings become intolerable, obscure emotional tension reaches the breaking-point; then clear, rational, mature adaptation is given up, the individual becomes blind to things as they are, wipes out memories, hands over the reins to more primitive tendencies of the personality, and sees the world peopled with hostile forces or flattering allies; odd symbolism takes the place of objective thought; the real and the ideal, the subjective and objective become hopelessly intermingled.

In some cases this relapse from normal thought and behavior may be transitory and may not be far removed from the experiences of the visionary and ecstatic. In other cases the situation is more seri-

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ous; the ability to maintain a life of objective adaptation to the real social environment seems to be permanently impaired, and the patient finds a solution at a lower level, which often makes ordinary social life impossible. It is often very difficult to foresee the outcome of the individual case, to know when the inferior adaptation has been accepted as the solution of the conflict. It is very difficult to know in the individual case the rôle played by each of the complex forces of which we have above given a brief sketch, the rôle played by the disordered chemistry of the system, by underlying weakness of other organs, by the influence of poor physical hygiene of various types. It is not easy to appreciate the stress of the life situation, the influence of early training and experiences, of early blunders and groping. It is not easy to trace the exact origin of the behavior and to demonstrate the source of distorted beliefs in the early ideas of

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the child or the more primitive conceptions of early man.

Ignorance of these matters we must admit, but we may claim to have banished mystery from this branch of medicine. There is to everyone, who has not lost the faculty of imagination, mystery when we get down to the fundamentals of any science; but that is the only sense in which we can admit that there is mystery in relation to mental disorders. Mental disorders can be explained in the light of the same general principles which explain the working of our bodily organs, the evolution of the instincts, the origin of human culture, and the early phases of individual development in infancy and childhood.

To understand the problems of mental disorders animal experimentation can contribute little, nor is it possible to experiment with human lives in relation to those important issues, in relation to

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which so many disorders occur. Nature ruthlessly makes these experiments, and from these experiments of nature we can learn much of the structure of the normal individual, and learn much about the depths of ordinary life, which are seldom uncovered under the ordinary conventional conditions of modern life. Knowledge so gained may be of very great benefit, not only to those who are recognized as sick, but to many people who are living crippled and thwarted lives, who are suffering from prolonged unhappiness, who are misfits in their environments, who are the subject of disordered habits and queer enthusiasms or disturbing likes and dislikes. Such knowledge may not only contribute to the lives of individuals: it may throw much light on wide problems connected with educational, industrial, and social organization.

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SUMMARY

Of what use is such a lecture to the laity? Is it merely to increase the general fund of information on one topic among many? Or is there some practical lesson to be drawn, some actual gain from this knowledge?

First: to all who personally, or vicariously in relatives, have suffered from these disorders, it is a great relief to look upon them simply and directly as human ailments, to be studied like other ailments, to be treated in the same considerate manner as other ailments, to be talked of in the same unembarrassed way in which we talk of other ailments.

Second: a modern attitude to these ailments means that at the earliest indication of trouble, when treatment has most chance of being useful, these patients will be encouraged to seek advice, where there are available suitable facilities for diagnosis and treatment.

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Third: a community, which has emancipated itself from mediæval views on these matters and from too narrow laboratory conceptions of disease, will realize that suitable facilities for diagnosis and treatment must be as abundantly supplied for these disorders as for other ailments, and will supply the funds necessary for that intensive medical research without which little progress can be expected.

Fourth: the light thrown on the everyday problems of human life by those experiments, which nature makes when she produces a mental disorder, illuminates many of the problems of the school, of the home, of the factory and the store, and should contribute much of a constructive nature to social organization.

It may not be true that we are all a little insane; it is certainly true that we all have to face the same fundamental

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problems of life, and the problems before which the nervous or mental patient has broken down are only different in degree from those which each cultivated man has to face.



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